MAPE Local ______ Audit Committee Report

Please review the MAPE Reimbursement Policy, Donations Policy, and Local Checkbook Policy prior to completing this form.

Date Audit Performed ____________

Expense period from January 1, ______ to December 31, _________

Check numbers from ___________ to ___________

Number of Checks written __________

Number of Debit Card transactions __________

The following documentation is attached:

☐ Expense Reconciliation Form
☐ Explanation for any exceptions

Has year-end bank reconciliation been prepared (balance local check register to bank balance)?

Yes ___ No _____

Have all expenditures been submitted for reimbursement to MAPE Central to replenish the checking account?

Yes ___ No _____ If no, please attach a list of exceptions.

Were supporting documents provided for all payments made?

Yes ___ No ____ If no, please attach a list of exceptions.

Did ALL supporting documents contain the required signatures?

Yes ___ No ____ If no, please attach a list of exceptions.

Were expenditures incurred during the year in accordance with the local budget?

Yes ___ No ____ If no, please attach a list of exceptions.
Were all expenditures incurred allowable under MAPE’s expense policies and in accordance with the Local Checkbook Policy?

Yes ____  No ____  If no, please attach a list of exceptions.

I acknowledge that I have reviewed the above described financial information and have answered the questions truthfully and accurately based on the information available.

Reviewer signature ____________________________     Date ____________
Print name ____________________________
Reviewer signature ____________________________     Date ____________
Print name ____________________________
Reviewer signature ____________________________     Date ____________
Print name ____________________________